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<input checked="" type="checkbox"/>	USPT,PGPB,JPAB,EPAB,DWPI	endostatin	YES	ADJ	ASSIGNEE	L1
<input checked="" type="checkbox"/>	USPT,PGPB,JPAB,EPAB,DWPI	L1 and EM1	YES	ADJ	ASSIGNEE	L2
<input checked="" type="checkbox"/>	USPT	endostatin	YES	ADJ	ASSIGNEE	L3
<input checked="" type="checkbox"/>	USPT	L3 and deletion	YES	ADJ	ASSIGNEE	L4
<input checked="" type="checkbox"/>	USPT	L3 and deletion mutant	YES	ADJ	ASSIGNEE	L5

Please enter the case name: **Rules for naming Cases**

- Case names can only contain alphanumeric characters including underscore (_).
- Any other special characters or punctuation characters will be automatically removed prior to saving the case.
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CONFIRMATION NO. 1530

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IDS SERIAL NUMBER 09/589,777	FILING DATE 06/08/2000 RULE	CLASS 435	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 1440.1023-011
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of PCT/US98/26057 12/08/1998
which claims benefit of 60/082,663 04/22/1998
which claims benefit of 60/067,888 12/08/1997
which claims benefit of 60/108,536 11/16/1998

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 08/30/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 25	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 4
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TITLE
Anti-angiogenic peptides and methods of use thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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